

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/30/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physican Medicine And Rehab

Description of the service or services in dispute:

Fentanyl Patch 25 mcg #10 plus 2 refills

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male with a history of left hip pain. The patient has undergone 3 hip surgeries, including an ORIF and 2 revision surgeries. The patient's medications included hydrocodone, fentanyl, Lyrica, and symmetry. The most recent clinical note, dated xx/xx/xx, indicated the patient reported his pain was constant, with symptoms of stiffness in multiple joints, swelling, numbness, and tingling in the left leg, with sharp, stabbing, shooting pain. On visit, the patient reported his pain to be 6/10. The4 patient reported after taking the opioid, the pain is 4/10, and on a bad day, the pain is 8/10 to 9/10. The patient's pain is improving with medications and ret and is aggravated by walking and standing. The patient reported time to pain relief is 4 hours and pain relief lasts 3 to 4 hours. The patient's increased level of function includes being able to do activities of daily living, including showering and dressing. Increased quality of life included socializing with old friends. Adverse side effects and aberrant drug behaviors were noted to be none. The note also indicated the patient undergoes drug screening periodically. The physical exam revealed mild pain over the left calf and the left hemipelvis was tight. The patient ambulates with severe Trendelenburg's secondary to profound weakness of the left pelvic stabilizers and he had atrophy of the left calf, which was 2 cm smaller than the right.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Per the cited medical literature, opioids are reserved for selected patients with moderate to severe chronic pain that inversely impacts function or quality of life. Before initiating chronic opioid therapy, an assessment of the risks and benefits of therapy for the individual patient should be based upon a history, physical exam, and assessment of the risk of substance abuse, misuse, or addiction. Monitoring should take place at each visit and involve documentation of pain intensity, functional status, progress toward therapy goals, adverse effects, and adherence with prescribed pharmacologic and ancillary treatment. Opioid therapy should be goal directed with continued or increasing dosing debt 1 upon the demonstrable improvements in function or quality of life. it should be noted that fentanyl should be only prescribed for patients with moderate pain who

have taken regular dose of oral opioids for at least 1 week in and who are considered to be opioid tolerant.

After review of the cited medical literature and submitted clinical documentation, the medical necessity for the fentanyl patches is not established. The documentation indicated the patient received significant functional improvement and pain relief with the use of fentanyl patches. However, while the documentation indicated the patient undergoes urine drug screens periodically, the documentation failed to discuss or provide these results. As such, medical necessity is not established. In agreement with the previous determination, the fentanyl patch 25 mcg #10 plus 2 refills is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)